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TO:	Director/1		DATE	INITIALS					
1	Room 6N10								
2	10011 01410								
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	PPROVAL	DISPATCH			<u>AMENDATION</u>				
	OMMENT	FILE INFORMATION	<del> </del>	RETURN SIGNATURE					
REMARKS:									
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## NATIONAL SECURITY INFORMATION Unauthorized Disclosure Subject to Criminal Sanctions

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USIBONLY- USIB Departments Only

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COMMENTS AND QUERIES REGARDING THIS BRIEFING BOARD MAY BE DIRECTED TO THE NPIC/PEG OPERATIONS OFFICER.

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